

**Federal Defenders  
OF NEW YORK, INC.**

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**MEMO ENDORSED**

*Southern District of New York*  
Jennifer L. Brown  
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October 22, 2020

VIA ECF  
The Honorable Judge Caproni  
United States District Judge  
Southern District of New York  
40 Foley Square  
New York, New York 10007

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
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DATE FILED: 10/22/2020

Re: United States v. Salifou Conde et al.,  
19 CR 808 (VEC)

Dear Judge Caproni:

I represent Issiaga Sylla and write to seek permission for Mr. Sylla, who is in the community subject to bail conditions, to travel internationally to Guinea, West Africa to be at his grandmother's bedside who is quite ill and not expected to live much longer. Attached are medical records (translated from French to English) documenting Mr. Sylla's grandmother's medical condition. Mr. Sylla's grandmother raised him and he considers her to be one of the closest people in his life.

Mr. Sylla has been out on bail since his arrest on August 4, 2019. While at first his bail conditions included GPS monitoring and strict pretrial supervision, based on Mr. Sylla's compliance and conduct, the monitoring requirement was removed and his level of supervision was downgraded to "pretrial supervision, as directed." Per Pretrial's assessment, Mr. Sylla is a "low risk defendant." He is employed and he lives with his wife and 4-year-old step-son, whom Mr. Sylla has raised since the boy was 2 years old. His wife is two months pregnant, expecting the couple's first child. Mr. Sylla is an American citizen.

If the Court grants Mr. Sylla permission to travel, he will book the next affordable round-trip ticket to Guinea. Based on the doctor's assessments of Mr. Sylla's grandmother's remaining time, he asks to be permitted to remain in Guinea for six weeks. Before leaving, Mr. Sylla will provide a detailed itinerary to his Pretrial Officer, including flight details. In Guinea, Mr. Sylla will stay at his grandmother's house where his uncle and two children currently reside. There is a phone-line at the home at which Mr. Sylla can be reached by Pretrial Services. Mr. Sylla also has access to email.

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Pretrial Services takes no position regarding this application but has confirmed to me that Mr. Sylla is fully compliant with his bail conditions. I have reached out to the government to obtain its position regarding this application but I have not heard back from the assigned AUSA.

Thank you for your consideration of this application.

Respectfully submitted,

/s/

Julia Gatto  
Assistant Federal Defender  
Tel: (212) 417-8750

cc: AUSA Kedar Bhatia (via ECF)  
USPO-NJ Daniel Milne (via email)  
USPO-NY Dominique Jackson (via email)

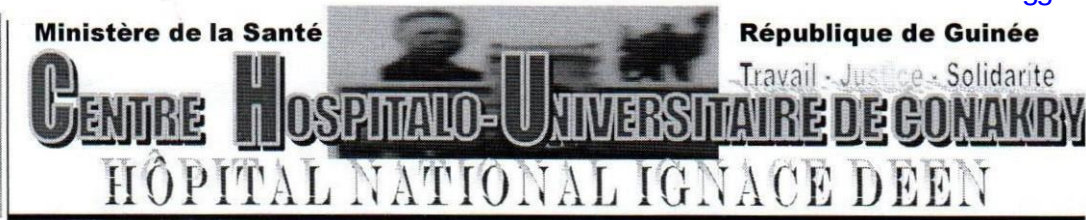
The Government is directed to respond to Defendant's request by close of business on **October 22, 2020**. Defense counsel should inform Mr. Sylla that any approval of his travel request will be contingent on him surrendering his wife and child's passports.

SO ORDERED.



10/22/2020

HON. VALERIE CAPRONI  
UNITED STATES DISTRICT JUDGE



Ministry of Health

Republic of Guinea

Work

Justice

Solidarity

## CONAKRY UNIVERSITY HOSPITAL CENTER

IGNACE DEEN NATIONAL HOSPITAL

DEPARTMENT OF HEMATOLOGY AND INTERNAL MEDICINE

### MEDICAL REPORT

I, the undersigned, Dr. Dr SIDIBE Mohamed Lamine<sup>1</sup>, a general practitioner working in the Ignace Deen National Hospital Center in Conakry, hereby certify that on this day of August 13, 2020, I admitted, examined and hospitalized Hadja Fossira TOURE, a resident of the Nongo neighborhood in the Ratoma commune, born in Forécariah in 1925, for the following :

- ✓ Facial swelling
- ✓ Dyspnea on exertion
- ✓ Anorexia
- ✓ Intense lumbar pain
- ✓ Lower paraplegia
- ✓ Painful mass on the left posterolateral side of the buttocks
- ✓ Physical asthenia
- ✓ Lack of appetite
- ✓ Slight edema of the lower limbs

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<sup>1</sup> Translator's Note: The doctor's last name is SIDIBE.

**Development** : At the time of admittance, three months

**Past history** : Lumbar pain + sporadically monitored high blood pressure.

**During the physical examination**, the patient was conscious, with a passive attitude, pale teguments and conjunctiva, dry and wet, hyperpigmented skin. Atrophy of subcutaneous adipose tissue and predominant muscle atrophy at the limb level and above the zygomatic arches was noted, with “lazy” skinfolds. Patient’s general state was altered<sup>2</sup>, with an IPS of 4.<sup>3</sup>

In the lungs, the vesicular murmur is audible, the thorax is symmetrical and participates in breathing, Respiratory Frequency : 29 mvts/minute. Some rales disseminated through both pulmonary fields were noted. Regular, synchronous heart sounds were audible in the radial pulse. Blood pressure: 100/60 mmHg. Pulse: 98 beats/minute. Clean, depapillated tongue, sensitive to contact with spices, with some lesions on the edges, supple abdomen participating in breathing, no hepatosplenomegaly.

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<sup>2</sup> Translator’s Note: See footnote 4 below.

<sup>3</sup> Translator’s Note: IPS could stand for Index de presión systolique, or Systolic Pressure Index. The translator has no way of verifying this.

“Lazy” skinfolds noted. Lumbar fossae are free, no pain noted. A urethral probe that removed yellow, concentrated urine, was observed.

Locomotive system : a slight edema in the lower limbs was noted.

On the left posterolateral side of the buttocks, a hard, immobile, and painful tumefaction was observed.

Neurological system : a lower paraplegy was observed.

Exams conducted : CBC, thick blood smear, uremia ; creatinine CRP, SRV, electrolytes, alkaline phosphatase, chest X-ray (lungs), MRI of the lumbar spine, tuberculin test

Actions taken :

Nephrology Advisory on 8.28.2020 around 12:34 pm:

Reason: Facial swelling, edema in the lower limbs. Conclusion: renal insufficiency syndrome

- Alteration of the patient’s general state<sup>4</sup>
- Epigastralgia
- Edematous syndrome
- Anemic syndrome.

Overall: 94-year old patient was administered clinical and paraclinical examinations. After these examinations, a diagnosis of bone cancer was pronounced, with underlying conditions of severe dehydration, malnutrition, and kidney failure, with, in the background, sporadically monitored hypertension.

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<sup>4</sup> Translator’s Note: The French here is “*síndrome d’altération de l’état général*”. It appears that there is no concise definition of the term in English. Dr. Jérémy Bachelet devoted his doctoral thesis to this very topic: “Alteration of the patient’s general state (AEG in French) is an expression which is often used in medical practice. With or without associated symptoms, it is a common cause for consultation in general practice but also in emergency rooms. No equivalent is found in Anglo-Saxon medical literature. AEG is a specifically French term but there is no real consensus definition. ...Certain French medical texts ....define AEG as a *síndrome* associating three clinical signs (asthenia, anorexia and loss of weight), which attest to the deterioration of the individual’s general state of health... The authors of the book *Gerontology, a Collection for the Practicing Physician* claim that AEG is neither a sign nor a symptom. For them, it corresponds to a diminution of an individual’s functional capacities.”

OBSERVATIONS : the MRI of the lumbar spine revealed a diffuse anomaly of the osseous signal with a multinodular appearance that seems neoplastic, with a diffuse thickening of the meningeal envelopes, sheathing the root of the ponytail, suggesting an epiduritis.

The frontal lung X-rays revealed parahilar adenopathy with snowflake images, suggesting pulmonary metastases.

Treatment received:

Isotonic glucose serum

9% Saline solution IV

Artalgan<sup>5</sup> IV

intravenous amino acids

Hematonic syrup

injectable Tramadol

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<sup>5</sup> Translator's Note: The translator could not find a reference to *Artalgan* anywhere on the Internet.

### Injectable Artesun

After repeated attacks of uremia, the patient was administered oxygen therapy and a transfusion of three bags of blood corresponding to her blood type and Rh factor.

Other treatment : Captopril • 1 tablet x 2/day

Cimetidine: 1 vial x 3 /day

500 ml injectable Somagina<sup>6</sup>: 1 vial x 2/day slow IV injection

As of today, September 14, 2020, despite intensive care, the patient is still bedridden (with a score of 7/15), with a guarded prognosis in intensive care.

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<sup>6</sup> Translator's Note: The translator was unable to find any mention anywhere of a drug called "Somagina." There is one called Somazina, but the original text clearly indicates Somagina.

IN WITNESS THEREOF, this report is issued, in Conakry, on this 24th day of September, 2020.

Attending physician

~~Le Médecin Traitant~~



Dr SIDIBE M. Lamine